

OVERSIZE / OVERWEIGHT USE OF RIGHT-OF-WAY APPLICATION

ROW _____ - _____

APPLICANT INFORMATION:	
COMPANY NAME: _____	
APPLICANT NAME: _____	PHONE: _____
APPLICANT ADDRESS: _____	FAX: _____
E-MAIL: _____	
24HR EMERGENCY CONTACT NAME: _____	24HR PHONE: _____
TRIP INFORMATION:	
<i>LEGAL INDIANAPOLIS ADDRESS FOR START AND / OR END POINT OF TRANSPORT IS REQUIRED</i>	
START ADDRESS: _____	TRAVEL START DATE: _____
END ADDRESS: _____	TRAVEL END DATE: _____
PROPOSED ROUTE: _____	
VEHICLE INFORMATION:	
TOTAL # OF LOADS: _____	
TRUCK WEIGHT: _____	LOAD WEIGHT: _____ GROSS WEIGHT*: _____
LENGTH: _____	WIDTH: _____ HEIGHT: _____
VEHICLE #: _____	PLATE #: _____ STATE: _____
<i>* PLEASE DRAW AXEL INFORMATION ON RIGHT MARGIN</i>	
PERMIT APPLICATION MUST BE SIGNED AND DATED: THE PETITIONER/APPLICANT HEREBY AGREES TO HOLD HARMLESS, DEFEND AND THE INDEMNIFY THE DEPARTMENT OF CODE ENFORCEMENT AND THE CITY OF INDIANAPOLIS FROM OR AGAINST ALL CLAIMS, ACTION, DAMAGES AND EXPENSES, INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY'S FEES OR ANY ALLEGED INJURY AND/OR DEATH TO ANY PERSON OR DAMAGE TO ANY PROPERTY ARISING, OR ALLEGED TO HAVE ARISEN OUT OF ANY ACT OF COMMISSION OR OMISSION ON THE PART OF THE PETITIONER/APPLICANT, HIS/HER HEIRS, SUCCESSORS, OR ASSIGNS REGARDLESS OF WHETHER SUCH ACTS ARE THE DIRECT OR INDIRECT RESULT OF THE PUBLIC RIGHT-OF-WAY USE PURSUANT TO THIS PERMIT GRANT.	
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE AND ACCURATE:	
PRINTED NAME: _____	DATE: _____
SIGNATURE: _____	
NOTARY USE ONLY: (ALL APPLICATIONS MUST BE NOTARIZED)	
SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE,	
THIS _____ DAY OF _____	YEAR _____
STATE OF: _____	COUNTY OF: _____
NOTARY PUBLIC	
PRINT NAME: _____	
SIGNATURE: _____	
MY COMMISSION EXPIRES: _____	

****Please draw axel information for loads over 100k lbs****

Axel Spacing
Weight

OF AXELS? _____

PLEASE ALLOW FOR UP TO 5 BUSINESS DAYS FOR PROCESSING OF PERMIT APPLICATIONS.

PAYMENT IS DUE PRIOR TO PERMIT ISSUANCE. ONCE A PERMIT REQUEST HAS BEEN PROCESSED, APPLCIANT WILL RECIEVE DIRECTION REGARDING FEE PAYMENT OPTIONS. APPLICANT WILL RECEIVE A COPY OF THE RECEIPT AND THE PERMIT.

NOTE: ALL CREDIT CARD, DEBIT CARD AND E-CHECK PAYMENTS ARE SUBJECT TO A 2% + \$1.00 CONVENIENCE CHARGE.

OFFICE USE ONLY:	
CONTACT DPW?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
PERMIT CONDITIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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REVISED 03/23/15